

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9943

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>5999</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Ralls.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Center Township)</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ralls Co Rest Home.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Center Township)</u> d. STREET ADDRESS (If rural, give location) <u>Center, Mo. R.F.D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adam</u> b. (Middle) _____ c. (Last) <u>Timka</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>8,</u> (Year) <u>1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 6, 1880</u>		9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR: Hours <u>0</u> Days <u>1</u> IF UNDER 10 SECS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cement Plant</u>		11. BIRTHPLACE (State or foreign country) <u>Czechoslovakia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralls County Court.</u>		ADDRESS <u>New London, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage - from stump of right leg.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of stump</u> DUE TO (c) <u>of right leg. Right leg had been removed above the knee some years ago. Cause Unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1941</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>1 year</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Unknown</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov. 23, 1950</u> , to <u>Feb 8, 1950</u> , that I last saw the deceased alive on <u>Feb 8, 1950</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Brooks, D.O.</u>				23b. ADDRESS <u>Center, Missouri.</u>		23c. DATE SIGNED <u>2-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Center, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>2-10-50</u>		REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Conchey Wilkey</u>		ADDRESS <u>Center, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

874

MAY 10 1956

MAY 10 1956

RECEIVED

MAR 20 1956

Death Health Officer No. 10

Death File Number 3-48-484

Date Filed MAR 20 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Clydes Wilkey

Licensed Embalmer No. 3826

P. O. Address Perry, Mo

Notes: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.